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ORIGINAL ARTICLES.

The Value of Cryptodosis in Radical Cure of Reducible and Retainable Hernia.

By A. H. LANPHEAR, MD., Atchison, Kansas.

Change is the order of Nature. Sometimes the change appears to be orderly and in a determinate direction, at other times it would seem to take place in a hap-hazard way without objective point, but in the outcome it turns out that while that which was orderly may have swerved temporarily from a direct line, and that which was fitful may have paused from indecision or repose; all are resolved into a series of advancements converging to a common end through the processes of evolution. Nothing is exempt. Everywhere the law is operative. Movement, progress, is the order. Even the medical profession, driven or coaxed to vacate its ancient shell of dogmatism, is wafted into the vitalizing currents and is at the present moment basking in the mid-day glow of an enthusiasm which belongs only to the Neophyte.

Dr. William H. Thomson, in his recent anniversary address to the N. Y. Academy of Medicine, (see *Medical Record*, December 19, 1893,) has well said that "No physician who has lived long enough in the practice of his profession to compare the state of medicine as it was twenty-five years ago with the same at the present day could fail to recognize the fact that virtually a revolution has characterized the interval." The change was not so much from increase of knowledge as from a change of methods in the pursuit of it.

In the domain of surgery the advancement is even more conspicuous, because its achievements appeal more forcibly to the sensibilities of the public. The advent of aseptic surgery has rendered practicable operations which before were not attempted and mitigated whatever of danger or unwelcome sequellæ attached to minor operations.

A striking characteristic of modern research is the increasing specialization of studies, pushed sometimes even to the point of mental amaurosis. But this is soon rectified by a fuller and clearer perception of the relation of facts which appear conspicuous in proportion as we penetrate into the detail of phenomena, hitherto considered a little too much in the aggregate. Henceforth division of labor must be the preponderating factor in the advancement of medicine and surgery, as it is in the evolution of humanity.

The surgical treatment of hernia forms an important branch of general surgery, and is a good illustration of the principle referred to. To this I invite your attention. And for purposes of this paper I would even lop off still more (irriducible and strangulated), and treat only of radical cure of reducible and retainable hernia.

It will be admitted that though the cases referred to are very common, they constitute a grave personal infirmity. Though they can be borne with the aid of a suitable truss, they lessen the personal usefulness of the sufferer, both physically and mentally, and often endanger life. The victims seek a remedy. They look to us for it. Have we given it to them? If not, why not?

The reader will doubtless call to mind the great number of different operations suggested and practiced from Sir Ashley Cooper down to the present time with such meagre success that now the number has dwindled

to a few. From an almost indiscriminate cutting and stitching we have been brought nearly to a state of indifference—at most, to a cautious interference in carefully-selected cases. Why? Because the lapse of time has shown that the recurrent cases, together with the incomplete cures and the out and out failures, form a list which approaches in magnitude discouragingly near to the list of those operated upon.

Many of the operations for radical cure involved extensive division or mutilation of important structures, and it is reasonable to suppose that after their union, whether by granulation or by “first intention,” the tissues relied upon for support were materially weakened, hence the numerous relapses. A confirmation of the idea that cicatricial tissue does not possess the strength and elasticity of normal tissue is the large number of hernial protrusions following laparotomy. If this be true, we should devise some method or have recourse to some process which does not involve mutilation or weakening of tissue and their attendant dangers, etc.

It goes without saying that the common object of all operations for radical cure of reducible hernia is its retention within the abdominal cavity. The method or process which will best accomplish this without mutilation or weakening of tissues, with the least danger to life, and the least inconvenience and loss of time to the patient, will be the most acceptable and the most enduring.

In the class of cases under consideration, *Cryptodosis** seems to best answer these requirements. A hypodermic needle, specially constructed for the purpose, charged with a proper irritant and aseptic fluid, is made to deposit its contents—a few drops—at the point where the tumor emerges from the abdominal cavity. In a few hours a moderate

local inflammation ensues, the resulting *crypto-neoplasm* gradually closes the orifice, cements together the separated and weakened tissues, and, when hardened by subsequent condensation, forms an effectual barrier to further escape of the hernia.

The conception, though comparatively recent, is not new. An empirical origin, early popularity and subsequent decline should not be allowed to render us indifferent to the claims of a really meritorious thing, less to frighten us out of giving it a fair trial. Some of our best things, both in medicine and surgery, have been first suggested by charlatans. It was a new broom, and, like other new brooms, must sweep clean. Through an enthusiasm, begotten of parental pride or other less-excusable motives, too much was claimed for it; it was rushed into indiscriminate use. Natural consequence—disappointment, dissatisfaction, decline, desuetude. So it has been with *cryptodosis*. But a reaction is setting in. Surgeons in different parts of the country are giving a re-examination and are cautiously feeling their way with it in a limited range of cases, until now it is expanding in scope and gaining in both professional and popular esteem. A few years of conscientious trial will determine its real merits.

Dr. T. H. Manly, who seems to have had the insight to perceive and the candor to admit its value, says in his recent work on hernia: “There are too many well authenticated cases in which it has effected permanent cures to dispute its claims.” However, he would limit its application to “indirect inguinal hernia of small volume.”

Of course, these are the more readily cured, but I believe the statement to be an underestimate of its value and a too narrow range of applicability. Apparently the author has relied upon a single application in each of his cases, for he nowhere in the book recommends or mentions a second application. If I am correct in this inference, it is not strange that he should have limited his recommendation to hernia of “small volume,” for to “grow up” a large opening as a result of a single sitting would

* Finding no convenient term at hand, descriptive of the circumstances and process of cure, I have ventured to coin one for the purpose—*cryptodosis*—by throwing together two Greek words—, signifying hidden, concealed; and , signifying increase, growth—dropping, for the sake of euphony, the preposition in composition with this last word. The term may stand, therefore, for the concealed process of growth, resulting from the irritant injection into a hernial orifice as herein described.

require a larger quantity of a given fluid and a greater amount of inflammation than is requisite for a smaller one; besides, the increased extent and intensity of the resulting inflammation might become troublesome, therefore the treatment should be administered in "broken doses". As a further indication that the doctor relies upon a single treatment, and from which he anticipates a considerable, if not a serious, degree of inflammation, is the fact that he enjoins a previous free purgation, followed by small doses of opium to secure intestinal quiet, low diet with prohibition of solid food for ten days, together with "undisturbed, protracted rest," and confinement to bed for (inferentially) a like period. "These things," he adds, "must not be overlooked."

Again, in the table of thirty-four cases of "Operations for radical cure of non-strangulated hernia," pages 221-226 of his book, only one case is reported in which this treatment was employed. This case was treated on August 7, 1892, and under the head of "results" appears the remark: "Recovery. Successful in every particular. No relapse." Of no other case in the table is the statement of recovery so positive and emphatic. After studying the table, one is led to inquire why the same treatment was not resorted to in several of the other cases, which, so far as can be learned from the brief description given, would seem to have been equally amenable to the same treatment.

It can hardly be that the doctor's observation and experience is limited to the one case as above reported, yet it is difficult to reconcile the under current of timidity or grudging praise, if you please, which characterizes some of his paragraphs touching this method, with any theory of adequate experience in its application.

Logically, if *cryptodosis* is capable of closing an orifice a half-inch in diameter, other things being equal, a repetition and extension of the process should be equal to the closing an opening one inch or more in diameter. And so it turns out to be in practice.

The complete success of *cryptodosis* depends upon setting up just enough local inflammation and in just the proper place to

produce a *neoplasm* of sufficient magnitude to effect a firm union of the parts intended at each time. Too much inflammation is liable to get beyond our control, extend to adjacent structures, and so to modify or complicate results as to defeat our object even if no worse befalls. On the other hand, too little reaction would be ineffective and its results nugatory. Therefore, it is a matter of some importance as to what substance or substances are employed to excite this reaction, for each particular substance in nature is invested with properties differing more or less from those of every other substance. Accordingly we find that surgeons have experimented with a great variety of substances. Chief among those reported are: solutions of chloride of sodium, alcohol, iodine, tannin, carbolic acid, glycerine or combinations of some of these. The results in all cases have not been so freely communicated.

In Wyeth's Surgery may be found a formula, (the basis of which is oak bark,) said to have been used by Dr. Heaton, then of Boston, who is accredited the first to suggest and employ this method. Dr. Warren, of the same place, soon followed. As to results of the treatment in its earlier history, Dr. T. H. Manly in his book reports, "Though a few were cured by it, yet the majority . . . developed peritonitis, not a few suffered from erysipelatos inflammation and gangrene of the scrotum." Yet, strange to say, Dr. Manly subsequently remarks: "Of the many solutions recommended, probably the preparation of the charlatan, Heaton, is the most useful of all." If this estimate be accepted as a *resume* of the curative (?) effects of that solution, it would seem to be imperative that this "most useful of all" be at once abandoned, and experiments continued until another be found, the use of which is not attended by such consequences.*

*Just here the reader will naturally look for the formula employed by the writer. I regret to say that I cannot give it, because I do not know it. I think I know the chief ingredients, though not their relative proportions, but am not sufficiently certain to justify putting it in print for others to follow. Therefore, the best substitute I can offer at present is to tell the real truth as to how I came to use it. This is down in the following paragraph.

A little more than a year ago I came accidentally upon a physician who had been quietly practicing the method for five or six years professedly with safety and success, and with very few failures and *no untoward* results. I asked him what fluid he used; for answer he exhibited it to me. I further inquired as to its composition. "That," said he, "is my secret; but I will give you a bottle of it that you may try it. Here is a list of cases which have been treated by it, including those now under treatment. You are at liberty to visit and question any of them, and I will be pleased if you will tarry and witness the treatment in the office and talk with the patients freely."

The list referred to comprised, I should say, between 400 and 500 names. I accepted at once his invitation to witness his work, and subsequently at different times made extended investigations among those reputed to have been cured—altogether about 100 cases—including those who were seen from time to time at his office. I found his statements fully substantiated. I tried his fluid with highly satisfactory results. Though less than a year has elapsed since I began its use, it has acted happily in every case, and has so far been attended with no untoward results. Doubtless there are other combinations in use equally safe and efficient, but they have not come under my observation.

When sufficient time has elapsed, I hope to be able to publish an extended table of cases treated, and the results.

The doctor still declines to reveal his secret, and I am compelled to render tribute to his good luck in stumbling upon a combination which seems to meet all the requirements of a safe and efficient irritant for the purpose.

Should some belated brother of Calvinistic diathesis exclaim: "What! Use a secret remedy—a remedy of whose composition you are confessedly ignorant! It is a violation of the code, unprofessional and should not be tolerated, even if it does all you claim for it!" I would say to him: My dear sir, do not vex yourself, but be composed. I acknowledge what you say with regard to

the code. Which, think you, did the most good, and which was the worthier of example—the Levite or the Samaritan? The world moves; its chariot wheels are in ceaseless revolution; you must either ride or lag behind.

But to return from this digression. It is, perhaps, unnecessary to say that the rules of asepsis—at least of cleanliness—should be observed.

Aside from the nature of the fluid employed, much depends upon the manner of placing it. Some surgeons, after reducing the hernia, insert the needle directly over the internal ring and so deposit the fluid at the point desired. This mode has the merit of being the shortest route, and where the orifice is small enough to admit of a cure by a single application would seem to leave nothing to be desired. Yet in practice it will be found not so easy as it might seem to avoid wounding the cord. On the other hand, when we have a larger orifice to deal with, several treatments will be required to effect a complete and permanent closure. In such cases the first deposit should be made at the upper and outer margin of the internal ring, and each subsequent deposit should be made to join and reinforce the previous one, following down the canal until the entire orifice is filled with the resulting series or chain of *neoplasms*. Evidently this cannot be satisfactorily accomplished by the direct route to the internal ring, hence the entry should be made through the external ring into the canal, which gives us a sure and safe access to the internal ring. Having ascertained, by a thorough exploration with the finger in the invaginated scrotum, the precise location and size of the orifice to be occupied, together with the condition of the surrounding structures, the finger should be used as a guide for the point of the needle until you have it at the precise spot desired; then slowly inject the fluid—a drop or two at a time—until five to ten minims have been deposited, when the needle should be quickly withdrawn. Immediately close the puncture with a drop of collodion, and to insure complete coaptation, adhesion and blending of the succes-

sive neoplasms, gentle friction with the ends of the fingers should be practiced over the place of deposit in order to diffuse the fluid through the loose connective tissue. If this be neglected, the resulting inflammation will be so circumscribed in some cases as to render these growths lumpy—resembling indurated glands instead of a broad and flattened form if these directions are followed. The patient is then allowed to remain on his back for a period of twenty or thirty minutes, when a truss, which has been previously well fitted and found to hold up perfectly the hernia, should be replaced and the patient permitted to go about his business. The treatment should be repeated at intervals of from five to seven days (or whenever the resulting soreness has subsided) until complete closure of the hernial orifice has been effected so that the application of the usual tests fails to show signs of hernial protrusion.

As a precautionary measure, it is well to advise a continuance of the truss for a month or two after the cure until the new growths have had time to solidify or mature, and so to afford greater resistant power.

The N. E. K. M. & P. Association.

The society met in Holton, February 6, 1894, at 2 P.M., in the office of Drs. Scott & Jermane.

Dr. Sheldon gave an informal talk on the "Little Things in Medicine." He took the ground that there was no *little* things in medicine. "Patients come to you because they think you are competent and able to treat them, and relieve them of their difficulty. A patient comes to you with granulated lids; you give some simple wash, treat it as a trivial thing; he loses his eyesight. Can that be considered a little thing? If you are not clean about your instruments, and the patient has specific trouble as a result, is that a little thing?"

The salient points were discussed freely by all present.

Dr. Scott related a case. A little boy be-

came exceedingly nervous at night. The doctor was sent for in great haste. "I prescribed symptomatically, but no relief. On investigation, discovered that the little fellow had tied a string around the base of the penis and it had swollen to an enormous size. The string was removed and the nervous symptoms disappeared."

Dr. Paddock related a case of enuresis resulting from pin worms in the rectum, which when removed the urinary trouble was relieved entirely.

The visiting members were royally entertained by the Holton physicians.

The place of next meeting to be at Goffs, first Tuesday in April, at 2 P.M.

A bill for printing, amounting to \$3.50, was paid.

The following is the program for the next meeting:

1. Hip-Joint Disease.—J. C. McClintock, M.D., Topeka.

2. Metritis and Its Treatment.—A. B. McCandless, M.D., Holton.

Discussion.—P. L. Jermane, M.D., Holton.

3. Diseases of the Rectum.—W. H. H. Smith, M.D., Granada.

Discussion.—S. M. Riggs, M.D., Muscotah.

4. Etiology of Pneumonia.—W. F. Troughton, M.D., Seneca.

Discussion.—J. P. Stewart, M.D., Neta-waka.

5. Is Alcohol a Stimulant?—W. L. Schenck, M.D., Topeka.

6. Nocturnal Incontinence of Infants.—J. H. Brown, M.D., Centralia.

Discussion.—Jos. Haigh, M.D., Wetmore.

Respectfully,

R. S. MAGEE, M.D.,

Secretary.

Rigid Os in Labor.

One-one-hundredth grain of atropine hypodermically administered will usually cause the complete relaxation of an unyielding os within fifteen or twenty minutes.—Dr. E. H. KING.

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Topeka, Kansas, Saturday, February 24, 1894.

Alopecia.

This disease, which is of so much annoyance to young and middle-aged men, is often poorly managed or entirely neglected by the general practitioners, and these men spend hundreds of dollars on patent medicines in their efforts to restore a growth of hair. Many such cases, if the treatment is begun early enough or systematically carried out, may be cured. Jackson, in his recently revised work on "Diseases of the Hair and Scalp," says: "In persons who have reason to expect early hereditary baldness, prophylaxis is of great importance. This consists in close attention to the hygiene of the scalp and of the general health. When the disease has once set in, it must be combatted by means of stimulating applications as in symptomatic premature baldness. Shoemaker recommends that to persons in apparently good health, who are unconsciously

losing their hair, either mercury, tincture of ignatia or sulphurous acid should be administered. Either the bichloride or calomel is given for a short time, and then the tincture of ignatia in ten drop doses three times a day with a bitter tonic, and thus the treatment is varied from time to time, according to the patient's condition. He also advises the use of the oleate of iron locally in these cases. The use of jaborandi or pilocarpine would seem to hold out some hope for the cure of this affection. In 1879 two remarkable cases of hair growing on perfectly bald heads were reported by Geo. Schuntz, after using two or three hypodermics of pilocarpine for some eye disease. In one case the man was sixty years old and quite bald, and yet a vigorous growth of gray and black hair took place and covered his scalp. Cottle speaks highly of the power of either of the following lotions to stop the fall of hair, namely:

R

Ac. acetic 3 ss
Pulv. boracis 3 i
Glycerine 3 iij
Spts. vini 3 ss
Aq. rosæ ad. 3 viij

Or—

R

Liq. ammon. acetat 3 ii
Ammon. carbonat 3 ss
Glycerine 3 iij
Aq. sambuci ad. 3 viij

Mayerhausen reports good results from the use of static electricity. Mapother believes that as the hair contains sulphur, silicon, iron and manganese, a dietary, composed largely of oat-meal and rye bread, will promote its growth.

THE phenomena produced by mercury are singularly similar to those which will result from syphilis, and the serious symptoms, known as secondary and tertiary syphilis, can be produced both by syphilis and by mercury.—POTTER.

Gold.

Gold as a therapeutic agent is almost, if not quite, as valuable as mercury. It is an old remedy, but our materia medica of the latest date gives but one official salt—that of the chloride of gold and sodium. The chloride of gold is used in the arts.

We venture the assertion that few practitioners use the gold salts to-day, and of the few who do use them, having but the one salt that is official, do so to a very limited extent. Dr. Barclay, of Pittsburg, Pa., has succeeded in making four preparations of gold for therapeutic use. It is in liquid form, of a reddish color, made without filtering, yet does not throw down any precipitate. It is almost tasteless. The dose is from five to fifteen drops. Ten drops contain one-thirty-second of a grain of gold and one-thirty-second of a grain of the other agent. To avoid confusion, the beginning and termination of the word indicates the compound as follows:

Arsenauro (liquor auri et arsenii bromidi).

Calcauro (liquor auri arsenii et calcii bromidi).

Mercauro (liquor auri arsenii hydrargyri bromidi).

Manganauro (liquor auri arsenii et mangani bromidi).

The physiological action of the gold salts warrant a larger range of therapeutic use.

For example, we are taught that in small doses it promotes the appetite and digestion, stimulates the function of the brain, producing a feeling of well-being. If continued, it induces aphrodisiac effects on both sexes, and increases the menstrual discharges in women. It acts upon the glandular system, and in full doses produces salivation without making the gums sore or loosening the teeth. Toxic doses act similar to that of corrosive sublimate, setting up gastro-enteritis, mental disturbance, priapism, tremor, convulsions and death.

THERAPY OF GOLD.

Having noticed the physiological and toxicological effect of the gold salts, its

therapy should be extensive. It is indicated in irritative dyspepsia and gastro-enteritis, in amenorrhœa and functional impotence, in hypochondriasis. But its value in sclerosis and tertiary syphilis is very great. It does not matter in what organ the sclerosis is present—kidney, liver or spinal cord. In tertiary syphilis, those who have given it a trial claim that it is equal to the bichloride of mercury, and much safer to the patient. In chronic rheumatism, with stiffening and enlargement of the joints, it is highly recommended.

Creosote Carbonate.

Dr. William S. Gottheil, of New York, in *Times and Register*, reports three cases of pulmonary disease successfully treated with this drug. He claims that it is less irritating and just as effective as the pure creosote, and can be given in larger quantities.

“Creosote carbonate is a syrupy golden liquid, more or less thick in accordance with its temperature. It tastes and smells but very slightly of creosote, yet it contains ninety-two per cent. of that drug.”

It is largely eliminated by the kidneys, though some of it passes off by the lungs and may be detected in the breath.

PERMANGANATE of potassium is an antidote for morphine. Dr. William Moore, of New York, in the *N. Y. Medical Record*, February 17, 1894, says on one occasion, four hours after a full dinner, at a time when the stomach must have contained a great amount of soluble peptones and other organic matter, I took two grains of the sulphate of morphine in about half of an ounce of water, followed in one minute by three grains of the permanganate, dissolved in four ounces of water, without any evil effects of the morphine. He reports several instances in which morphine was taken in fatal doses, followed by the permanganate without any bad results. Grain for grain is sufficient to antidote the morphine.

Phthisis, Bronchitis, Etc.

Petroleum is said to be antiseptic, diaphoretic and expectorant. An emulsion has been prepared which promises not only to be a substitute, but a superior remedy to that of cod-liver oil in pulmonary troubles. The points claimed are that it is tasteless, odorless, easily digested, completely absorbed and thoroughly assimilated. It does not produce nausea, or disagreeable eructations, or an oily diarrhœa.

We have had a knowledge of the value of crude petroleum as a therapeutic agent in phthisical and bronchial affections for the past twenty-five years.

In 1865 a young man, twenty-six years of age, living in the oil regions of West Virginia, had pulmonary trouble. In those days it was thought by the ordinary physician, as well as the laity, that phthisis meant death. It was expected that this young man would last but a short time. The ordinary therapeutic agents—cod-liver oil, etc.—were not taken, for they promised but little in the young man's estimation, and tasted worse. He visited the tanks of crude petroleum and took a sip of the crude oil several times a day. In a few months he was able to do some work, and continued the use of the oil until he was restored to health. Instead of the taste becoming repulsive, he acquired a liking for the oil.

Before it was discovered in large quantities, it was in places gathered from the surface of the water, and bottled and sold for eye medicines, sores on the body, and had quite a reputation. It was known as rock oil, shale oil and solar oil. The Indians of North America called it seneca oil.

Coal oil or petroleum has been known from time immemorial, and although so common at the present time, it is one of the common things the pharmacist has a great many uses for, and the physician is just beginning to appreciate its value.

Eczema Barbæ.

In barber's itch it is better to clip the beard very close, than to either shave or allow it to grow. It is less painful than shaving, and allows the application of remedies, which would be impossible with long beard.

Unless patient remains in the house, the skin should be protected by an ointment or powder. For a soothing application, Las-sar's paste with the addition of fifteen grains salicylic acid to the ounce as follows:

Starch.....
Zinc oxidè.....aa. ʒ ij
Acid salicylic.....grs. xv
Vaseline.....ad. ʒ i

This makes an excellent application. The crusts should be removed by soaking with oil and washing with soap and water.

Peroxide of Hydrogen in Capillary Bronchitis in Children.

Dr. Douglass H. Stewart, after cleansing the skin and applying heat or cold or stimulants, as may be indicated, gives internally the peroxide of hydrogen as follows:

MARCHANDS' SOLUTION.

R

Hydrogen peroxide, drams
5 to 10, according to age.
Glycerine.....ʒ i
Aq. q. s. ad.....ʒ iv

M. Sig.: One teaspoonful every hour.

For the kidneys, which should be watched carefully, he gives the citrate of potassium.

DR. THÉODORE BILLROTH, one of the leading surgeons of the world, is dead. He was sixty-four years old. He was born on the island of Pugen, in the Baltic sea.

SEND in your subscriptions.

JIMENEZ manoeuvre is the manual emptying of the gall-bladder.

State Society.

If all of the sections give as promising reports as the section of ophthalmology and rhinology, the next meeting of the society will be an interesting one. We give you herewith the program of this section, which you will see is full of good, choice provisions:

1. Address of President—The Eye as a Specialty.—A. C. Graves, M.D., Cherokee.

2. Some Phases of Heterophoria.—Flavel B. Tiffany, M.D., Kansas City, Mo.

3. The Middle Turbinate and Its Relation to Diseases of Respiratory Tract.—W. E. McVey, M.D., Topeka.

4. A Case in Practice.—E. E. Hamilton, M.D., Wichita.

5. Early Diagnosis in Syphilitic Lesions of the Upper Respiratory Tract, with Illustrative Cases.—E. B. LaFevre, M.D., Abilene.

6. Ophthalmia Neonatorum.—J. E. Minney, A.M., M.D., Topeka.

7. Report of Two Cases—Tumors of the Larynx with Specimens.—Hal Foster, M.D., Kansas City, Mo.

8. A Plea for the Early Correction of Refractive Errors.—W. W. Campbell, M.D., Atchison.

9. Asthenopia.—G. A. Wall, M.D., Topeka.

10. Panophthalmitis.—L. P. Paddock, M.D., Netawaka.

11. The Reflex Amblyopia.—B. E. Fryer, M.D., Kansas City, Mo.

12. Hemorrhage After Extraction of Cataract.—D. F. Longenecker, M.D., Emporia.

A. C. GRAVES, M.D., *President*,
Cherokee, Kansas.

R. S. MAGEE, M.D., *Secretary*,
Topeka, Kansas.

THE next regular meeting of the Leavenworth County Medical Society will be at 8 P.M., on Monday, February 26, at the office of Dr. Thomas, Leavenworth, Kansas.

Camphorated Carbolic Acid as an Antiseptic Agent.

Toms contributes to the *Medical Record* a paper with this title, and in the course of it points out that it is very interesting to learn that the eminent surgeon,—“the father of antiseptic surgery,”—Sir Joseph Lister, has recently announced that he has returned to his first love,—carbolic acid. After these many years since his first employment of it for a definite purpose of prophylaxis against the entrance of germs to fresh wounds, and for antiseptic and germicidal purposes—the birth of the “antiseptic” idea and theory—after these years of painstaking, clinical experiment and bacteriological research, it is at least remarkable that the first antiseptic, used as such, should now hold the first place in the favor of so careful an experimenter and observer as Lister. All those chemical agents which have enjoyed more or less confidence in their efficiency by authorities in surgery as “antiseptics” seem, after thorough testing of their merits, to have been found wanting. To be sure, the antiseptic theory has largely been supplanted by aseptic principles—the natural evolution of the primary conception of the author; but there are many surgeons who, while still having much confidence in carbolic acid, yet find very many and grave objections to its employment in a general way in surgical work, especially in private practice.

Its field of usefulness, although acknowledged by its most ardent employers to be perhaps greater than that of any other permanent, and staple compound combining the essential antiseptic properties, would be still greater were it not for toxicity, odor, caustic action, etc. Its employment as a germicide, in strength sufficient to be effective against pyogenic bacteria and their spores, is fraught frequently with considerable danger, and often in an infected wound is not at all possible, excepting by a long and continued use in much reduced strength, in which nature plays the most important role, owing to its destructive effects on living tissue. As an antiseptic

protective against the entrance of bacteria infecting a sterile wound through the dressings, it is questionable if it does not materially impair the integrity of healthy structures rather than act kindly in promoting the process of repair.

Recently the writer had occasion to resort to other means than the regulation dry dressings with dusting powders—iodoform, aristol, dermatol, etc.—in treating an extensive ulcerating epithelioma whose surface covered about six hundred square centimetres of the leg. Amputation was out of the question, owing to the debility and age of the patient.

The odor, amounting to stench, the extreme irritability of the wound from exposed nerve-filaments, the deep points of ulceration, extensive absorbing surface, together with the profuse discharge, made up a condition that put his ingenuity to test. After employing "them all," together with antiseptic absorbent dressings, and almost despairing of ameliorating the sufferings of his patient or mitigating the condition in his home, his mind reverted to Lister's first choice and last resort—carbolic acid—in the hope that perhaps it could be utilized in some form to meet the indications in so appalling a case. Certainly carbolic acid possessed the ideal properties—*i. e.*, antiseptic, deodorant and anæsthetic—but its offensiveness was only second to that of the wound; besides, it would be required to employ it strong enough to check suppuration, in which strength it would be caustic or certainly irritating, while the extent of surface gave reason to fear possible absorption and development of toxic symptoms from prolonged use of the drug. Remembering a proprietary preparation which claims to be a fifty-five-per-cent. solution of pure carbolic acid combined with camphor, and is stated by its manufacturers to be non-irritating, the caustic properties of the acid being destroyed, he concludes to try this on the wound of his patient.

Instead of using the proprietary article, he had a pharmacist make a small quantity after the formula of Bufalini, as given in the United States Dispensary, to see in

what way it differed from the secret article. He found no difference whatever in appearance, excepting that the full-strength preparation was not irritating to the mucous membranes of the mouth, while the proprietary article was. He also had it made in the fifty-per-cent. combination, which differs only in strength from Bufalini's formula, and this was not found irritating to mucous surfaces. It is stated in the Dispensary that this preparation retains the full antiseptic and germicidal properties of the acid, without its destructive action to living tissue.

In the writer's case he diluted it with fifty per cent. of cotton seed oil, applying it directly to the ulcer and covering it with sheet-cotton saturated with the same; over this was spread a dry antiseptic absorbing-pad made of powdered charcoal and antiseptic wood-wool, about half an inch thick, spread evenly between cheese-cloth gauze.

For cleansing purposes an irrigating solution was employed, composed of 1 to 1500 bichloride of mercury, combined with 3 to 1000 sulphate of copper, which he has found more effectual than the bichloride alone. After the accumulated secretions are fully washed away, the surface is sprayed with fifteen volumes peroxide of hydrogen, after which the application is made as described. He has been using this now for about three months in this case, with the happiest results—perfect deodorization of the wound and lessening the formation of pus.

The patient is markedly more comfortable, the irritation has been allayed by the antiseptic and local anæsthetic properties of the remedy, and the extensive breaking down of tissue has been materially checked. Only one dressing is used in twenty-four hours, yet his freedom from pain enables him to comfortably sleep throughout the night, dispensing with the use of morphine, which he had been in the habit of taking, and requiring as a substitute a mixture of bromide, chloral and hyoscyamus, in very moderate amounts. Moreover, the household are not continually nauseated by the all-pervading odor of the offensive discharges permeating the entire house. He has also employed this valuable antiseptic in recently-lacerated

wounds, and found in every case healing promoted under one dressing by primary union.

A nice drain can be made by dipping sterilized candle-wicking into camphorated phenol. It is far superior to all forms of dusting-powders, in the fact that it is not decomposed by contact with the serum-albumin and liberating irritating elements to fresh wound surfaces, as in the case of the iodine derivatives. It keeps the wound moist, is absolutely unirritating—on the contrary, is anæsthetic—promoting the process of healing in the most kindly manner, and is the best protection we have against the entrance of bacteria. For this reason it is used to cover coeliotomy and other wounds where union by first intention is so desirable. He also believes it has positive therapeutic properties in dermatology.—*Therapeutic Gazette.*

A Bill to Remove Certain Disabilities of the Late Acting Assistant Surgeons.

The following bill has been introduced in the House of Representatives by Mr. Richards:

"WHEREAS before, during and since the war of eighteen hundred and sixty-one to eighteen hundred and sixty-five, but chiefly during the war, private physicians were employed as medical officers, serving under the orders of their superior officers as such, agreeable to army regulations, in the armies of the United States, in addition to the commissioned medical staff, because the number of the latter was not sufficient for the necessities of the service. This class of officers was known officially as acting assistant surgeons, because they performed exactly the same duties, and were subject to the same control as commissioned medical officers. These acting assistant surgeons were employed under contract made in accordance with paragraph twelve hundred and sixty-eight, revised regulations of the United

States army, eighteen hundred and sixty-one, and paragraphs thirteen hundred and four and seventy-one, appendix B, revised regulations, eighteen hundred and sixty-three, and were obliged to remain in the service of the United States for a stated time. Among these officers were many of the eminent physicians and surgeons of the United States. Some of the duties performed by acting assistant surgeons were as follows: They were in charge and command of United States military hospitals, known as general, division, field and post hospitals; they had charge and command of United States military hospitals for the care of contagious diseases; they were in command or in charge of hospital trains, hospital boats and ambulance trains, and were executive officers of United States general hospitals; they acted as brigade and regimental surgeons, and at least one acting assistant surgeon acted as medical director of a department for nearly a year; they were responsible for hospital funds and property, and also post funds; they served on courts-martial, which the articles of war require shall be composed of officers, and also on boards of survey, in camp, field and garrison, on overland expeditions, and in Indian wars; they faced death and endured hardships like commissioned officers, and it is known that nearly one hundred and fifty died in the military service of the United States; and

"WHEREAS these acting assistant surgeons were allowed fuel, rations, quarters and transportation in kind, and to purchase rations from the commissary, and traveling expenses the same as commissioned medical officers with rank of first lieutenant, and were accorded, by order of the war department, the same protection in their position, the same respectful subordinate conduct, and the same military courtesy from enlisted men as if they were commissioned officers, because they were placed in the position of commissioned officers so far as related to their duties. Many of them were also required to wear the uniform of an assistant surgeon. Acting assistant surgeons who were disabled by reason of disease contracted or injury received in the military service

have been granted pensions under a law which assimilates them to the rank of first lieutenant of the military or Marine Corps; and

"WHEREAS because they were not commissioned as officers, but, were employed by contract as such, they are denied admission to military organizations like the Loyal Legion and the Grand Army of the Republic; and to relieve this unjust discrimination, and to give a proper recognition to their patriotism, duties, responsibilities, services, hardships and exposures, they ought to be entitled to receive the rank for which they are allowed pensions and which will relieve them from these disadvantages. The appended bill is offered for this purpose. It involves no expense to the United States Government and no change in the relative rank of officers of the medical corps of the United States Army who have been or are now in the service of the United States; Therefore,

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

That private physicians who were employed as medical officers in the armies of the United States for a period of not less than three months, in accordance with paragraph twelve hundred and sixty-eight of the Revised Regulations, United States Army, eighteen hundred and sixty-one, and paragraphs thirteen hundred and four and seventy-one, Appendix B, Revised Regulations, eighteen hundred and sixty-three, and who were known officially as acting assistant surgeons of the United States Army, and whose services were honorably terminated, shall be commissioned by the President of the United States as acting assistant surgeons of the United States Army; and the date of employment as acting assistant surgeons to be the date of commission and muster into service, and the date of the honorable termination of service as acting assistant surgeons to be the date of discharge or muster out of service: *Provided*, That no pay or allowance shall be made to any such acting assistant surgeon by virtue

of this act; and this act shall not affect the rank, pay, or emoluments of commissioned medical officers of the United States Army."

A Case of Chronic Cystitis.

BY R. E. M'VEY, M.D., TOPEKA, KANSAS,
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COLLEGE.

November 17, 1893.—Mr. A. D., æt. 25. Had been a masturbator. At seventeen years of age contracted gonorrhœa which was aborted. At eighteen contracted gonorrhœa a second time, the inflammation and discharge continuing a little more than a year. At twenty-one contracted gonorrhœa a third time, and has never been well since.

At twenty-three he was cut for stricture, which operation was followed by cystitis. Since the operation the stream of urine has been free enough, but the cystitis has continued and resisted all treatment. There is now a local peritonitis in the hypogastric region. He has been cupped and blistered until the skin has become inflamed and the abdominal wall hard and tense. He has chills, followed by more or less elevation of temperature. This is probably the result of slow absorption of septic matter from the bladder. His temperature is 99½, pulse 100, and the urine alkaline. His stomach is irritable and digestion very much impaired, his diet being milk and eggs. He is very much emaciated. The scrotum is elongated, and the testicles are soft and flattened in appearance.

By examination of the prostate through the rectum we find it enlarged and sensitive. There are seminal losses when the bowels are constipated, and either semen or prostatic fluid escapes after micturition. This being a case of chronic gonorrhœa, the question for us to decide is, Is there still gonorrhœal pus to contend with? Are the chills caused by absorption of gonorrhœal poison into the blood?

In the fallopian tube of the female, gonor-

rhoeal pus is found for years after introduction into the mucous membrane of the parts. I see no reason why the disease should not persist in the mucous membrane of the bladder in the male, and be just as intractable to treatment.

We can disinfect the bladder by medicines which are eliminated through the kidneys. We will give this man five grains of benzoic acid three times a day for a time, which will disinfect the bladder and prevent the absorption of septic matter.

In cystitis it is customary to wash out the bladder with boracic acid, but this has been practiced every day for a long without benefit.

The injection seems to irritate the prostate, and he refuses further treatment of the kind. To prevent fermentation in the stomach, we will give him the subgallate of bismuth in five grain tablets before each meal. The benzoic acid we will give in hot water about two hours after meals.

Under this treatment we will expect a gradual improvement in the digestion and assimilation of food, and the cystitis will disappear.

February 23, 1894.—Patient can now digest meat and other kinds of food, and has a voracious appetite. The urine is normal and acid in reaction. There is no distress in the bladder and no symptoms of cystitis.

Temperature is normal, and there is no evidence of septic absorption. Prostatic tenderness has disappeared and the emissions have ceased.

The salicylate of bismuth was for a time substituted for the subgallate, but it was not so satisfactory in this case. The patient is now looking for employment and promises faithfully that the gonorrhoea shall not be renewed.

THERE are about 100,000 students in American colleges, including schools for law, medicine and theology. This is a sufficient number to salt this section of earth psychologically.

United States Dispensatory.

We acknowledge receipt of advance sheets of the new U. S. Dispensatory.

The new seventeenth edition is brought up to date and exceeds all previous issues in the practical value of its contents, making it a complete encyclopædia on the subjects upon which it treats.

The new synthetic remedies, with their uses and doses, and a vast number of unofficial substances, are fully commented upon. Every valuable feature of the old work is retained, but effete matter has been expunged. Published by J. B. Lippincott Co., Philadelphia.

WE have just received from E. B. Treat, 5 Cooper Union, New York, *Diseases of the Hair and Scalp*, by Jackson.

In this, the second edition of "Hair and Scalp," every page of the old edition has been revised and corrected; new articles upon folliculitis, declavans, lepothrix and aplasia pilorum propria, and many new sections to the old chapters have been added. The bibliography has been carefully revised, enlarged and brought down to date; and a number of new illustrations have been inserted in the text. Price, \$2.75.

Also, from the same publisher, *Headache and Neuralgia*, by Corning.

This, the third edition of "Headache and Neuralgia," has been revised and enlarged by an additional chapter, and will be more than ever acceptable to the profession when in need of a practical work explaining the nature and treatment of those head pains which constitute such a fruitful source of misery. Price, \$2.75.

APPENDICITIS is the fashionable disease. "Out of fashion, out of the world," is an old saying, but in appendicitis a man may be fashionable and get out of the world too.

Annual of the Universal Medical Sciences.

We have had occasion to consult the annual very frequently during the past few months, and have never been disappointed in finding something new and to the point. Dr. Sajous' removal to Paris and the addition of a European editorial staff has guaranteed a full and complete digest of all the advances in medicine on both continents.

It adds to a library an essential feature in the way of a labor-saving reference book. Years of careful reading are condensed and presented in a practical and convenient way.

DR. M. H. LACKERSTEEN, of Chicago, in a letter to the *Medical News* (November 25, 1893) relates his experience with a patient who swallowed a mixture containing 140 grains of chloralamid. The next morning the patient was "in a stupor, from which he could be aroused for a moment and answer questions intelligently. His pulse was weak, and twenty-five beats to the minute, but fairly perceptible and perfectly regular. Respiration was slow but rhythmic. The surface of the body, the head and the hands were warm and comfortable."

He was free from pain and his headache was gone. "A teaspoonful of aromatic spirit of ammonia, properly diluted, and repeated in fifteen minutes, soon brought him to consciousness and raised his pulse to sixty." He went to sleep again, awakening of his own accord in the evening. His health has been good ever since, and the enormous dose seems to have helped rather than harmed him.

This item will go on record, and will prove favorable to chloralamid.

A CHINESE doctor at Victoria is said to lose very few patients. Hardly any physician does; he puts them where he can find them at any time.—*Boston Post*.

The Season to Blame.

Boarder.—"Didn't you state in your announcement that there were no mosquitoes here."

Farmer.—"Yes; but I wrote that in the winter time."—*Judge*.

A MAN afflicted with deafness took a prescription to a Topeka druggist, who filled it with care and in the latest style. The deaf man asked the price, when the following talk occurred:

Druggist (Leaning on counter and smiling in a wont-you-pay-up sort of a manner)—"The price is seventy-five cents."

Deaf customer.—"Five cents? Here it is."

Druggist (In a louder voice).—"Seventy-five cents, please."

Deaf customer.—"Well, there's your five cents."

Druggist (In a very loud voice and very firm manner).—"I said seventy-five cents."

Deaf customer (Getting angry).—"Well, what more do you want? I just gave you five cents."

Druggist (Sotto voce).—"Well, go to thunder with your medicine; I made three cents anyway."—*Drug Record*.

A PHYSICIAN, who had been greatly annoyed by numerous questions concerning the condition of a certain patient, was stopped while on his busy rounds by a man with the old question:

"How's Mr. ——?"

"Sick," replied the physician.

"Does he keep his bed?"

"Of course he does; you don't suppose he's fool enough to sell his bed because he's sick, do you?"

"I'm hardly ever free from dyspepsia!"

"What a sufferer your wife must be."—*Brooklyn Life*.